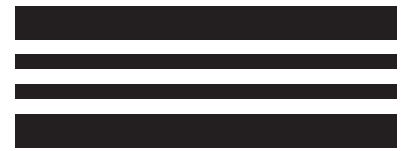


Consumer Warranty Class Action
c/o RicePoint Administration
P.O. Box 3355
London, ON N6A 4K3



APBQ

VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

BADAoui V. APPLE CANADA INC.
SUPERIOR COURT OF QUÉBEC
Court File N°: 500-06-000897-179

**Must Be Postmarked
No Later Than
July 25, 2024**

Consumer Warranty Cash Reimbursement Claim Form

CLAIMANT INFORMATION

First Name		M.I.	Last Name	
Primary Address				
Primary Address Continued				
City		Province	Postal Code	
Foreign Province	Foreign Postal Code		Foreign Country Name/Abbreviation	

The purpose of this form is to allow you to claim for your share of the settlement fund from the Consumer Warranty Class Action. To be eligible for compensation, you must complete this form and return it postmarked no later than **July 25, 2024**. Class Members that do not submit a Settlement Claim Form prior to **July 25, 2024** will not receive any compensation under this settlement. This settlement is limited to all consumers who between December 20, 2015 and January 26, 2023, purchased AppleCare and/or AppleCare+ for an Apple product in Québec including but not limited to an iPhone, Apple Watch, iPad, iPod, Mac and/or MacBook and were not informed of their legal warranty under the Consumer Protection Act at the time of purchase.

To help accelerate the processing of your claim, feel free to complete this form online at www.ConsumerWarrantyClassAction.com.

If you cannot complete this form online, please send to:

**Consumer Warranty Class Action
c/o RicePoint Administration
P.O. Box 3355
London, ON N6A 4K3**



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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I. Claimant Contact Information

Email Address

Primary Telephone Number

II. Consumer Cash Reimbursement

Please answer the following questions to the best of your ability to assist in validating your eligibility to receive up to 50% of your AppleCare purchase before sales tax.

1. Date on which AppleCare was purchased.

MM / DD / YYYY

2. Apple Device Associated to the AppleCare contract.

3. Amount paid for AppleCare before sales tax.

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III. Attestation

I attest to the following:

- I was not informed orally and in writing of the existence of the legal warranty when purchasing AppleCare, pursuant to the requirements of the *Consumer Protection Act* and its relevant regulation.

IV. Declaration

By submitting this claim, I solemnly declare that the information provided in this Claim Form is true and correct to the best of my knowledge.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

